| PATENT APPLICATION FEE DETERMINATION RECORD  Effectiv January 1, 2003                |  |   |              |                               |                               |                   |          |                   |                        |    |                     |                         |  |
|--|--|---|--------------|-------------------------------|-------------------------------|-------------------|----------|-------------------|------------------------|----|---------------------|-------------------------|--|
|  |  | SM/                                       | E C          | imy                           | OR                            | OTHER<br>SMALL    |          |                   |                        |    |                     |                         |  |
| TOTAL CLAIMS   |  |   | 410          |                               |                               |                   | R        | ATE               | FEE                    |    | RATE                | FEE                     |  |
| FOR ·  |  |   | NUMBER FILED |                               | NUMBER EXTRA                  |                   | BAS      | IC FEE            | 375.00                 | OR | BASIC FEE           | 750.00                  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | PG minus 20= |                               | · 25                          |                   | ×        | \$ 9 <del>=</del> |                        | OR | X\$18=              | 468                     |  |
| INDEPENDENT CLAIMS .   |  |   | 5 minus 3 =  |                               | . 9                           |                   | X42=     |                   |                        | OR | X84=                | 168                     |  |
| MU   | TIPLE DEPEN  | DENT CLAIM PE                             | RESENT       |                               |                               |                   | +140=    |                   |                        |    | +280=               | 101                     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |  |   |              |                               |                               |                   |          |                   |                        | OR |                     | 1386                    |  |
|  |  |   |              |                               |                               |                   |          |                   |                        |    |                     |                         |  |
| 3/4 CLAMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY               |  |   |              |                               |                               |                   |          |                   |                        |    |                     |                         |  |
| AMENDMENT A  |  | CUAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER                           | PRESENT<br>EXTRA  | R        | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total  | 111                                       | Minus        | - 4                           | 16                            |                   | ×        | \$ 9=             |                        | OR | X\$18#              |                         |  |
|  | Independent  | •   | Minus        |                               |                               | •                 | ×        | 42=               |                        | OR | X84=                |                         |  |
| U  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                               |                   |          | 140=              |                        | OR | <b>/280=</b>        |                         |  |
| 2 21/11  |  |   |              |                               |                               |                   | ا ا      | TOTAL             |                        | OR | TOTAL               |                         |  |
|  | (Column 1) (Column 2) (Column 3  |   |              |                               |                               |                   |          | 17. FEE           |                        |    | ADDIT. FEE          |                         |  |
| AMENDMENT B  |  | CLAMS REMAINING AFTER AMENDMENT           |              | HIGH<br>NUM<br>PREVI          |                               | PRESENT<br>EXTRA  | $\Gamma$ | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE- |  |
|  | Total  | . 46                                      | Minus        | . 4                           | 16                            | . 0               | ] [×     | \$ 9=             |                        | OR | X\$18=              |                         |  |
|  | Independent  | • 5                                       | Minus        | spire.                        | 3                             | = 0               | ] ]      | (42=              |                        | OR | X84∈                |                         |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                               |                   |          | 140=              |                        | OR | +280=               |                         |  |
|  |  |   |              |                               |                               |                   | ADD      | TOTAL             |                        | ÓR | TOTAL<br>ADDIT, FEE |                         |  |
|  |  | (Column 1)                                |              | (Colu                         | mn 2)                         | (Column 3)        |          |                   |                        |    |                     |                         |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                  | HEST<br>MBER<br>HOUSLY<br>FOR | PRESENT,<br>EXTRA |          | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total  | •   | Minus        | **                            |                               | -                 | ] [×     | \$ 8=             |                        | OR | X\$18-              |                         |  |
|  | Independent  | *   | Minus        |                               |                               | -                 | 11,      | (42=              |                        | OR | X84=                |                         |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                               |                   |          | 140=              |                        | OR | +280=               |                         |  |
| * If the emby in column 1 is less than the entry in column 2, write "O' in column 3. |  |   |              |                               |                               |                   |          |                   |                        |    |                     |                         |  |
| -  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                               |                   |          |                   |                        |    |                     |                         |  |
|  | THE PROPERTY.  | now reviously re                          |              |                               |                               |                   |          |                   |                        |    |                     | •                       |  |

Application or Docket Number